



NATIONAL DISASTER LIFE SUPPORT REGISTRATION FORM

Course: May 2015 ADLS Course

Location: Fairmont Montana

Date(s): May 29 & 30, 2015

Last Name

First Name:

MI:

Degree: (Check one)

MD ☐ PhD ☐ NP ☐ Pharmacist ☐ RN ☐ LPN ☐ EMT ☐ EMT-P ☐ Other: ☐

Date you Completed BDLS:

Specialty:

Organization:

Email Address:

- E-mail must be provided & legible, course information is provided by e-mail.

Home Address:

City

State

Zip

Phone #

Fax #

Return to: Dayle Perrin, PO Box 202951, Helena, MT 59620

FAX to: 444-3044

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